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| Please check action requested Initial License _____ Reinstatement _____ Name Change/Merger _____ Adding Branch _____ Adding Lines _____ | STATE OF WASHINGTON FIRM OR CORPORATION INSURANCE LICENSE APPLICATION OFFICE OF INSURANCE COMMISSIONER US Postal Address: P O Box 40257 Olympia, WA 98504-0257 Phone: 360 725-7144 Fax: (360) 586-2019 Physical Address: Insurance 5000 Bldg., 5000 Capital Blvd. Tumwater, WA 98501 |
| FOR OIC USE ONLY CIC/PIC | DATE PROCESSED |
| TYPE OF LICENSE | |
| <input type="checkbox"/> 1. AGENT ---Indicate Insurance Lines--- <input type="checkbox"/> LIFE <input type="checkbox"/> DISABILITY Limited Lines <input type="checkbox"/> PROPERTY <input type="checkbox"/> SURETY ONLY <input type="checkbox"/> CASUALTY <input type="checkbox"/> VEHICLE ONLY <input type="checkbox"/> TRAVEL <input type="checkbox"/> CREDIT LIFE & DISABILITY <input type="checkbox"/> CREDIT CASUALTY | <input type="checkbox"/> 2. BROKER ---Indicate Insurance Lines--- <input type="checkbox"/> PROPERTY-CASUALTY <input type="checkbox"/> LIFE & DISABILITY <input type="checkbox"/> LIFE-DISABILITY-PROPERTY-CASUALTY |
| <input type="checkbox"/> 3. SURPLUS LINE BROKER <input type="checkbox"/> 4. ADJUSTER <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> PUBLIC <input type="checkbox"/> 5. GENERAL AGENT (Resident Only) | Indicate Legal Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship (Firm) <input type="checkbox"/> Partnership |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 55%;"> ① Business Entity Name </div> <div style="width: 20%;"> ② Incorporation/Formation Date (month) ____ (day) ____ (year) ____ </div> <div style="width: 25%;"> ③ FEIN - </div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ④ List name if using an assumed name under which you are doing business </div> <div style="width: 55%;"> ⑤ If Entity is a firm, partnership or using an assumed name, has the name been properly registered with the State of Washington Dept of Licensing (360) 664-1400 Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 50%;"> ⑥ Business Address </div> <div style="width: 20%;"> ⑦ City </div> <div style="width: 10%;"> ⑧ State </div> <div style="width: 20%;"> ⑨ Zip or Foreign Country </div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> ⑩ Phone Number () - </div> <div style="width: 25%;"> ⑪ Fax Number () - </div> <div style="width: 25%;"> ⑫ Business Web Site Address </div> <div style="width: 25%;"> ⑬ Business E-Mail Address </div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ⑭ Branch Office(s) Address, if applicable </div> <div style="width: 15%;"> ⑮ City </div> <div style="width: 15%;"> ⑯ State </div> <div style="width: 25%;"> ⑰ Zip </div> </div> | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ⑱ Branch Office(s) Address, if applicable </div> <div style="width: 15%;"> ⑲ City </div> <div style="width: 15%;"> ⑳ State </div> <div style="width: 25%;"> ㉑ Zip </div> </div> | |
| Background Information | |
| ㉒ Please read the following very carefully and answer every question. All documents must be photocopies or original certified copies. All written statements submitted by the Applicant must include an original signature. | |
| 1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with committing a crime, whether or not adjudication was withheld? | |
| Yes ____ No ____ | |
| <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement explaining the circumstances of each incident,</p> <p>b) a photocopy of the certified charging document, and</p> <p>c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment</p> | |
| 2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? | |
| Yes ____ No ____ | |
| <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement identifying the type of license and explaining the circumstances of each incident,</p> <p>b) a photocopy of the certified Notice of Hearing or other document that states the charges and allegations, and</p> <p>c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.</p> | |
| 3. Has any complaints been filed against this entity with any Insurance Department? | |
| Yes ____ No ____ | |
| <p>If you answer yes, you must attach to this application:</p> <p>a) a written statement identifying explaining the circumstances of each incident.</p> | |

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| 4. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer? | Yes ___ No ___ |
| If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment. | |
| 5. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? | Yes ___ No ___ |
| If you answer yes, identify the jurisdiction(s): | |
| 6. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? | Yes ___ No ___ |
| If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a photocopy of the certified Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment. | |
| 7. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? | Yes ___ No ___ |
| If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) certified copies of all relevant documents. | |

Applicants Certification and Attestation

23 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- Where required by law, the business entity hereby designates the Washington Insurance Commissioner to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner is of the same legal force and validity as personal service upon the business entity.
- The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

Attachments

24 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- Initial Resident Corporation, LLC or LLP License—Copies of approved Articles of Incorporation or Formation, Letter of Good Standing from the Secretary of State, (360) 753-7115, if approval is over six month old, Appointment(s), Affiliation(s), and appropriate fees.
- If using a DBA, registration with the Washington Dept. of Licensing (360) 664-1400.
- Initial Resident partnership or sole proprietorship—Registration with WA Dept. of Licensing (360)664-1400, appointment(s), affiliation(s) and appropriate fees.
- Initial Non-resident Corporate, LLC or LLP License—Copies of approved Articles of Incorporation or Formation, Letter of Certification from resident state, appointment(s), affiliation(s) and appropriate fees.
- Initial Non-resident partnership or sole proprietorship-- Registration with WA Dept. of Licensing (360)664-1400, Letter of Certification from resident state, appointment(s), affiliation(s) and appropriate fees.
- Reinstatement Resident Entity—refer to #1, #2 and #3.
- Reinstatement Non-resident Entity—refer to #3, #4 or #5.
- Amended Articles of Incorporation or Formation verifying name change or merger with a \$5 fee.
- Adding Lines requires no additional licensing fee, Letter of Certification from resident state if non-resident, must be appointed by insurer for the additional lines.
- Branch addition-list additional locations within the same state as main location and appropriate fees.

Must be signed by an officer, director, principal or partner of the business entity:

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

INS-14A (01/03)

Address

City

State

Zip